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ENTRYBLANK	<	
PLEASE TYPE OF	RPRINT	Entered previous May Sho
Ms. Artist		
		270P RD. CHAORIX
44022		831-8761
Zip	Area Code	
Temporary		
AddressStre	et	City
	Tel. ()	
Zip	Area Code	
Permanent address	is in what co	unty? CUYAHOGA
Born in Cuyahoga		
Collaborator(If Any)	
If entries are not a Artist will pick		
☐ Museum shoul		
Museum shoul	ld ship entries	to artist C.O.D. at this address:

The attached card at right will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed.

It is also understood that accepted entries will remain on exhibition until June 9, 1974.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Kalph MORH MOM

ENTRY BLANKS	;					
	aintings ■2. Grapl culpture □5. Electi					
Medium or Materials						
PENCIL,	INK, ACI	eylic	-, DRW			
Title CL	W/MG					
	ance Value S Only	Size 48X	96			
GRAPHICS AND PHOTOGRAPHY ONLY						
Additional No. For Sale	Total No. in Edition	Price o	of Frame			
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DO NOT WRITE IN	I THIS SECTION	ACCEPTED	REJECTED			
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2		RECEIVED	BY			

1974 MAY SHOW

The Cleveland Museum of Art Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	RALPH WOEHRMAN
Address	4350 S. HILLTOP RD.
City & State	CHAGRIN FALLS ZIP 44022

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification will be mailed to you following judging.

will be mailed to you following judging.		
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